

**RULES
OF
THE TENNESSEE BOARD OF OSTEOPATHIC EXAMINATION
DIVISION OF HEALTH RELATED BOARDS**

**CHAPTER 1050-2
GENERAL RULES AND REGULATIONS GOVERNING THE PRACTICE OF OSTEOPATHY**

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1050-2-.01 DEFINITIONS. As used in this Chapter of Rules the following terms and acronyms shall have the following meanings ascribed to them:

- (1) AOA - The American Osteopathic Association.
- (2) Board - The Tennessee Board of Osteopathic Examination
- (3) Board Administrative Office - The office of the administrator assigned to the Tennessee Board of Osteopathic Examination located at the 1st Floor of the Cordell Hull Building at 425 5th Avenue No., Nashville, Tennessee, 37247-1010.
- (4) Board Consultant/Designee - Any person who has received delegation of authority from the Board to perform Board functions subject to review and ratification by the full Board where provided by these rules.
- (5) COMLEX - The Comprehensive Osteopathic Medical Licensure Exam.
- (6) COMSPEX - The Comprehensive Osteopathic Medical Special Purpose Exam.
- (7) COMVEX – The Comprehensive Osteopathic Medical Variable Purpose Examination
- (8) Division - The Tennessee Department of Health and Environment, Division of Health Related Boards, from which the Board receives administrative support.
- (9) Endorsement/Reciprocity - The method of consideration for licensure for applicants previously licensed in another state.
- (10) Examination - Unless otherwise stipulated, a written and/or oral examination specifically prepared and administered by the Board.
- (11) FCVS - The Federation Credentials Verification Service which is a service offered by the Federation of State Medical Boards that provides primary source identification and verification of physician core credentials as required in licensure applications by the states.

(Rule 1050-2-.01, continued)

- (12) FLEX - The Federation Licensing Examination.
- (13) Licensee - Any person who has been lawfully issued a license to practice osteopathic medicine in Tennessee by the Board.
- (14) Medical Service - An activity that falls within the definition of the “practice of osteopathic medicine” as set forth in Tennessee Code Annotated, Section 63-9-106(a).
- (15) N.B.M.E. - The National Board of Medical Examiners’ Examination
- (16) N.B.O.M.E. - The National Board of Osteopathic Medical Examiners’ Examination.
- (17) Practice of Medicine - The “practice of osteopathic medicine” as set forth in Tennessee Code Annotated, Section 63-9-106(a). See also “Medical Service” or “Professional Service”.
- (18) Professional Service - An osteopathic service.
- (19) Shall or Must - Where these words are used, compliance is mandatory.
- (20) Should or May - Where these words are used, it means a suggestion or a recommendation.
- (21) SPEX - The Special Purpose Examination, as written by the Federation of State Medical Boards.
- (22) Supervising Physician - Where these words are used, it shall include a licensed physician who actively oversees a certified nurse practitioner or a licensed physician assistant; and shall also include any properly authorized alternate or substitute supervising physician.
- (23) U.S.M.L.E. - The United States Medical Licensing Examination.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-9-101, 63-9-105, 63-9-107, and 63-9-111. **Administrative History:** Original rule filed April 29, 1988; effective June 13, 1988. Amendment filed November 30, 1990; effective January 14, 1991. Amendment filed July 12, 1995; effective September 25, 1995. Repeal and new rule filed April 10, 2000; effective June 24, 2000. Amendment filed October 2, 2002; effective December 16, 2002.

1050-2-.02 FEES.

- (1) The fees authorized by the Tennessee Osteopathic Medical Practice Act (T.C.A. §§ 63-9-101 through 63-9-114) and other applicable statutes to be established by the Board are established as follows:
 - (a) Application Fee - A non refundable fee to be paid by all licensure applicants, except Special Training License applicants, regardless of the type of license applied for. It must be paid each time an application for licensure is filed or an application to take the Board examination is filed. \$ 400.00
 - (b) Licensure Renewal Fee - To be paid biennially by all licensees. This fee also applies to licensees who reactivate a retired license. \$ 275.00
 - (c) State Regulatory Fee - To be paid by all licensees upon application and biennially upon renewal. \$ 10.00
 - (d) Late Licensure Renewal Fee - To be paid when a licensee fails to timely renew a licensure. \$ 200.00
 - (e) Duplicate License Fee. \$ 25.00

(Rule 1050-2-.02, continued)

- (f) Certificate of Fitness. \$10.00
 - (g) Licensure Exemption Fee. \$50.00
 - (h) Special Training License Fee. \$50.00
- (2) All fees may be paid in person, by mail or electronically by cash, check, money order, or by credit and/or debit cards accepted by the Division. If the fees are paid by certified, personal or corporate check they must be drawn against an account in a United States Bank, and made payable to the Tennessee Board of Osteopathic Examination.

Authority: T.C.A. §§4-3-1011, 4-5-202, 4-5-204, 63-1-106, 63-9-101, 63-9-104, 63-9-105, and 63-9-107.
Administrative History: Original rule filed April 29, 1988; effective June 13, 1988. Amendment filed November 30, 1990; effective January 14, 1991. Amendment filed July 12, 1995; effective September 25, 1995. Amendment filed January 4, 1996; effective March 19, 1996. Suspension filed April 17, 1996; effective April 25, 1996. Repeal and new rule filed August 13, 1999; effective October 27, 1999. Repeal and new rule filed April 10, 2000; effective June 24, 2000. Amendment filed April 19, 2002; effective July 3, 2002. Amendment filed September 17, 2002; effective December 1, 2002. Amendment filed October 2, 2002; effective December 16, 2002.

1050-2-.03 LICENSURE PROCESS. To practice osteopathic medicine in Tennessee, a person must possess a lawfully issued license from the Board. The procedure for obtaining a license is as follows:

- (1) Initial Licensure As An Osteopathic Physician -Consideration for initial licensure as a Doctor of Osteopathic Medicine requires that the applicant shall submit to the Board the following materials:
 - (a) An application from the Board Administrative Office in which the applicant responds truthfully and completely to every question or request for information along with all documentation and fees to the Board Administrative Office. It is the intent of this rule that all activities necessary to accomplish the filing of the required documentation be completed prior to filing a licensure application and that all documentation be filed simultaneously. This form will include the applicant's name, current address, social security number and age (which shall not be less than eighteen years of age).
 - (b) A clear and recognizable, recently taken, bust photograph which shows the full head, face forward from at least the top of the shoulders up. The photograph must be signed by the applicant.
 - (c) A graduate transcript from an accredited osteopathic medical school in good standing with the American Osteopathic Association at the time of graduation (or its successor). The transcript must be submitted directly from the school to the Board Administrative Office. The transcript must show that the degree has been conferred based upon the applicant's good repute and personal attendance and must carry the official seal of the institution.
 - (d) Evidence satisfactory to the Board of successful completion of a one (1) year internship or postgraduate year one (PGY-1) in a hospital approved by the American Osteopathic Association, American Medical Association or its accreditation program for medical education, or the Joint Commission on the Accreditation of Hospitals. Such evidence shall include the program director's notarized verification of post graduate medical training form included in the Board's application packet.

(Rule 1050-2-.03, continued)

- (e) Evidence of good moral character. Such evidence shall include at least two (2) letters from physicians who know the applicant and can attest to his or her moral character and professional capability. The letters must be original and on the physician's letterhead.
 - (f) Proof of United States or Canadian citizenship or evidence of being legally entitled to live and work in the United States or evidence of citizenship and residency in a N.A.F.T.A. participating country. Such evidence may include notarized copies of birth certificates, naturalization papers or current H-1 visa status, or voter registration.
 - (g) The applicable application fee and state regulatory fee as provided in rule 1050-2-.02.
 - (h) All applicants shall submit or cause to be submitted a certificate of successful completion of acceptable examination for licensure as governed by rule 1050-2-.06.
 - (i) All applicants shall disclose the circumstances surrounding any of the following:
 - 1. Conviction of any criminal law violation of any country, state, or municipality, except minor traffic violations.
 - 2. The denial of licensure application by any other state or the discipline of licensure in any state.
 - 3. Loss or restriction of hospital privileges.
 - 4. Any other civil suit judgment or civil suit settlement or pending civil lawsuit in which the applicant was a party defendant including, without limitation, actions involving medical malpractice, breach of contract, antitrust activity or any other civil action remedy recognized under any country's or state's statutory, common, or case law.
 - 5. Failure of any medical licensure examination.
 - (j) An applicant who has completed all but three (3) or less months of the one (1) year training program required by paragraph (d) of this rule may apply for licensure if all other requirements of this rule are met and the director of the training program submits a letter attesting to the applicant's satisfactory performance in and anticipated successful completion of the training program. However, no license shall be approved or issued until the requirements of paragraph (d) of the rule are met.
- (2) Reciprocity Licensure - Consideration for initial licensure as a Doctor of Osteopathic Medicine based on endorsement/reciprocity requires that the applicant shall submit to the Board the following materials:
- (a) Evidence of current licensure in good standing in another state, along with evidence of having passed a written licensure examination of another state licensing board or accepted by another state licensing board, provided the applicant meets all other licensure standards for osteopathic physicians described in T.C.A. § 63-9-104 and paragraph (1) of this rule to the satisfaction of the Board.
 - (b) The applicant must comply with all items listed in subparagraphs (1)(a) through (1)(j) of this rule.
 - (c) The applicant shall cause an official transcript or certified copy of licensing examination scores to be provided directly to the Board from the official licensing or examination agency through which the applicant became licensed in another state.

(Rule 1050-2-.03, continued)

- (3) At the Board's discretion, submission of any document or set of documents required by this rule or submission of verification of the authenticity, validity and accuracy of the content of any document or set of documents required by this rule directly from the FCVS or other Board approved credentialing service to the Board Administrative Office shall be deemed to be submission of originals of those documents or sets of documents by the issuing institution(s).
- (4) Application review and licensure decisions shall be governed by rule 1050-2-.05.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-9-101, 63-9-104, and 63-9-105. **Administrative History:** Original rule filed April 29, 1988; effective June 13, 1988. Amendment filed November 30, 1990; effective January 14, 1991. Amendment filed July 12, 1995; effective September 25, 1995. Repeal and new rule filed April 10, 2000; effective June 24, 2000.

1050-2-.04 TRAINING. Those persons who pursuant to T.C.A. § 63-9-104 (d) may be eligible to practice osteopathic medicine in Tennessee while participating in a training program such as described in 1050-2-.03 (1)(j) with a training license issued by the Board may secure such license pursuant to paragraph (1) of this rule. Those persons pursuant to T.C.A. §§ 63-9-104(c) who may be eligible to practice osteopathic medicine in Tennessee with a Board issued exemption from licensure may secure such exemptions pursuant to paragraph (2) of this rule. Persons who have been issued a license to practice osteopathic medicine in Tennessee and whose license has not been revoked or suspended need not obtain an exemption from licensure or a training license pursuant to this rule to be able to participate in a training program.

(1) Osteopathic Interns, Residents and Clinical Fellows - Training Licenses

- (a) It shall be the responsibility of the program director or the dean responsible for the training program to first compile all of the following on behalf of each applicant for a special training license and then when all necessary documents and fees are compiled, send them directly to the Board's Administrative Office:
 1. A Board approved application for each applicant.
 2. The documentation required by rule 1050-2-.03 paragraphs (1) (b), (c), (e), (f) and (i) for each applicant.
 3. The special training license fee and the state regulatory fee for each applicant.
 4. The names of the physicians licensed in Tennessee who will have supervisory responsibility for the applicant(s).
- (b) Special Training licenses are subject to renewal by the training program or the individual licensee pursuant to rule 1050-2-.07 if the special training license is needed beyond a one year period.
- (c) Upon termination of any special training licensee's participation in the training program for any reason, the special license shall expire and the director of the program shall immediately notify the Board in writing of the termination and the reasons therefore delivered to the Board's Administrative Office. Such notification terminates the individual's authority to practice osteopathic medicine in Tennessee unless and until a full license from the Board has been obtained.
- (d) Upon approval of applications by the Board, a special training license shall be issued to each qualified applicant.

(2) Osteopathic Interns, Residents and Clinical Fellows - Exemptions

(Rule 1050-2-.04, continued)

- (a) Prior to the commencement of practice by any individual in a training program, except individuals covered pursuant to T.C.A. §63-9-104 (d), it shall be the responsibility of the program director or the dean responsible for the training program which meets the requirements of T.C.A. §63-9-104 (c) to make an application to the Board's Administrative Office which contains all of the following:
 - 1. Evidence of how the training program meets the requirements of T.C.A. §63-9-104 (c). Accreditation by the Accreditation Council of Graduate Medical Education or evidence of affiliation with a hospital so accredited is acceptable for purposes of this rule.
 - 2. The names of the physicians licensed in Tennessee who will have supervisory and control responsibility for the program participants.
 - 3. For those requiring exemption, a list of each participant's name, social security number and date of birth.
 - 4. The licensure exemption fee as established in rule 1050-2-.02 (g) for each participant.
 - (b) The application for exemption from licensure is effective, if approved, for a period of no longer than one (1) year from the date of approval. Exemption applications previously approved need not be re-filed for the individuals continuing in the program beyond the one (1) year expiration date. However, the program is subject to payment of the fee provided in rule 1050-2-.02 (g) as the annual deadline expires for each such individual.
 - (c) Upon termination of any listed individual's participation in the training program for any reason, the director of the program shall immediately notify the Board of the termination and the reasons therefor in writing delivered to the Board's Administrative Office. Such notification terminates the individual's authority to practice osteopathic medicine in Tennessee unless and until a new exemption from the Board has been obtained.
 - (d) The Board Administrative Office shall issue written notification of all Board dispositions on licensure exemption applications. Exemption issuance decisions pursuant to this Rule may be made administratively or upon review by any Board member or the Board consultant/designee.
- (3) At the Board's discretion, submission of any document or set of documents required by this rule or submission of verification of the authenticity, validity and accuracy of the content of any document or set of documents required by this rule directly from the FCVS or other Board approved credentialing service to the Board Administrative Office shall be deemed to be submission of originals of those documents or sets of documents by the issuing institution(s).
- (4) Application review, approval and/or denial shall be governed by rule 1050-2-.05.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-9-101, and 63-9-104. **Administrative History:** Original rule filed July 12, 1995; effective September 25, 1995. Repeal and new rule filed April 10, 2000; effective June 24, 2000.

1050-2-.05 APPLICATION REVIEW, APPROVAL, DENIAL, INTERVIEWS AND CONDITIONED, RESTRICTED AND LOCUM TENENS LICENSURE. Review and decisions on applications for licensure or exemption from licensure shall be governed by this rule.

- (1) Completed licensure or exemption applications received in the Board Administrative Offices by the first day of the month preceding a Board meeting shall be submitted to the Board for review at its next regularly scheduled meeting. An initial determination may be made prior to the next Board meeting

(Rule 1050-2-.05, continued)

- after the application is received. Each member of the Board or any Board consultant/designee is vested with the authority to make these initial determinations.
- (2) An authorization to practice osteopathic medicine or an exemption may be issued pursuant to the initial determination made by the Board member or the Board consultant/designee reviewing the application. However, such authorization or exemption may not become fully effective until such time as the full Board ratifies the initial determination.
 - (3) If an application is incomplete when received by the Board Administrative Office or the reviewing Board member or the Board consultant/designee determines additional information is required from an applicant before an initial determination is made, the Board Administrative Office shall notify the applicant of the information required.
 - (a) The applicant shall cause the requested information to be received by the Board Administrative Office on or before the ninetieth (90th) day after the initial letter notifying the applicant of the required information is sent.
 - (b) If requested information is not timely received, the application file shall be closed and the applicant notified that the Board will not consider licensure until a new application is received pursuant to the rules governing that process, including another payment of all fees applicable to the applicant's circumstances. The earlier application will not be incorporated by reference.
 - (4) If a completed application is initially denied by the reviewing Board member or Board consultant/designee, the applicant shall be informed of that initial decision and that final determination shall be made by the full Board at its next meeting. If the full Board ratifies the initial denial, the action shall become final and the following shall occur.
 - (a) A notification of the denial shall be sent by the Board Administrative Office by certified mail, return receipt requested which shall contain all the specific statutory or rule authorities for the denial.
 - (b) The notification, when appropriate, shall also contain a statement of the applicant's right to request a contested case hearing under the Tennessee Administrative Procedures Act (T.C.A. §4-5-101, et seq.) to contest the denial and the procedure necessary to accomplish that action.
 1. An applicant has a right to a contested case hearing only if the adverse decision on an application was based upon subjective or discretionary criteria and only if the request is in writing and received on or before the thirtieth (30th) day after receipt of the notice by the applicant.
 2. An applicant may be granted a contested case hearing if licensure denial is based upon objective, clearly defined criteria only if after review and attempted resolution by the Board's administrative staff the licensure application cannot be approved and the reasons for continued denial present genuine issues of fact and/or law which are appropriate for appeal.
 - (5) The initial determination procedures of this rule will not apply if the full Board reviews and makes final determination on any application during its meeting.
 - (6) If the application and review process identifies an applicant to be deficient in mental, physical, moral or educational capabilities and/or identifies potential risk to the public health, safety and welfare, such applicant may be required to present themselves to the Board or selected member(s) of the Board or the Board consultant/designee for oral examination before final licensure may be granted. If sufficient cause as determined by the full Board exists an applicant may be required pursuant to T.C.A. §63-9-

(Rule 1050-2-.05, continued)

- 111 to submit to a mental and/or physical examination. Failure to respond to a notification to appear for interview before the Board, a member, or a consultant/designee, shall be treated as a failure to supply necessary information as specified in paragraph (3) above.
- (7) An applicant (except reciprocity applicants) whose examination or combination of examinations, as provided in Rule 1050-2-.06 (3), is certified as having been successfully completed on or before the fifth (5th) year preceding the date of application shall be required to successfully complete the Special Purpose Examination (SPEX), the Comprehensive Osteopathic Medical Special Purpose Examination (COMSPEX), or the Comprehensive Osteopathic Medical Variable Purpose Examination (COMVEX).
 - (8) The examination which may be required by paragraph (6) of this Rule shall be considered part of the requirements for licensure pursuant to T.C.A. § 63-9-111.
 - (9) The issuance or renewal of licensure to applicants who otherwise may be entitled to full licensure or renewal, may be withheld, denied, conditioned or restricted in any manner the Board deems necessary to protect the public in any of the following circumstances:
 - (a) When an applicant has had licensure disciplinary action taken or is under investigation by another state or territory of the United States for any acts or omissions which would constitute grounds for discipline of a license issued in this state. A certified copy of the initial or final order or other equivalent document memorializing the disciplinary action or investigation from the disciplining state or territory shall constitute prima facie evidence of violation of this section and be sufficient grounds upon which to deny, restrict or condition licensure or renewal and/or discipline a license issued in this state.
 - (b) When any applicant's application indicates a problem in the areas of mental, physical, moral or educational criteria for licensure or renewal which the Board determines may create a potential threat to the public health, safety or welfare.
 - (c) When any applicant has violated any provision of T.C.A. § 63-9-111 or rules promulgated pursuant thereto.
 - (d) When any applicant fails to fully and timely comply with all licensure application and renewal requirements.
 - (10) Any physician licensed by any state or country sponsored by a hospital located in Tennessee and/or at least one physician licensed by the Board may, in the Board's discretion, without further qualifications receive a restricted "single purpose" license under the following circumstances:
 - (a) The physician has credentials which indicate that he or she is licensed in good standing in another state or country; and
 - (b) The physician submits satisfactory evidence that he or she is either to engage in advanced study in a particular field of osteopathic medicine in Tennessee or teach or demonstrate a new medical technique to medical professionals in Tennessee; and
 - (c) The physician's credentials are verified by the appropriate national specialty organization in this country or by the American Osteopathic Association or a similar organization acceptable to the Board; and
 - (d) The hospital and/or sponsoring physician must supply all necessary documentation of licensure, credentialing and verification of the same along with a completed Board approved application form; and

(Rule 1050-2-.05, continued)

- (e) The hospital and/or sponsoring physician must pay the full cost to the Board of researching, processing and issuing the restricted “single purpose” license which is the application and state regulatory fee provided in rule 1050-2-.02; and
 - (f) The license will be issued authorizing medical practice in the sponsoring hospital or the sponsoring physician’s training program only and shall be designated as a restricted “single purpose” license. It will not allow practice outside that hospital or the designated training program; and
 - (g) The restricted “single purpose” license will be issued for a specified period of time not to exceed one (1) year and be subject to any other practice restrictions deemed appropriate by the Board. The training received in any program pursuant to this license shall not be used to qualify for full, unrestricted licensure in Tennessee; and
 - (h) The sponsoring physician has full responsibility for the activities of any physician granted a restricted “single purpose” license.
 - (i) All such restricted “single purpose” licenses are subject to discipline for the same causes and pursuant to the same procedures as active unrestricted licenses.
 - (j) At the Board’s discretion, submission of any document or set of documents required by this rule or submission of verification of the authenticity, validity and accuracy of the content of any document or set of documents required by this rule directly from the FCVS or other Board approved credentialing service to the Board Administrative Office shall be deemed to be submission of originals of those documents or sets of documents by the issuing institution(s).
- (11) An applicant who is either licensed in good standing in another state, maintains an unencumbered certification in a recognized specialty area, or is eligible for such certification and indicates an intended residence outside the State of Tennessee but proposes to practice intermittently within the physical boundaries of the State of Tennessee, shall in the discretion of the Board be issued a Locum Tenens license.
- (a) To obtain a Locum Tenens license, an applicant shall compile the following and when completed, submit them to the Board Administrative Office:
 - 1. A Board approved application form; and
 - 2. All documentation required by rule 1050-2-.03 paragraphs (1)(b), (f), (i), and (2)(a).
 - (b) The practice of any person issued a locum tenens license shall be restricted to the specialty area of osteopathic medicine in which that person is certified or in which the person is eligible for certification.
 - (c) Any physician holding a Locum Tenens license shall notify the Board of the location and duration of each Tennessee practice as soon as reasonably possible under the circumstances before that practice occurs.
 - (d) All Locum Tenens licenses must be renewed, inactivated or retired according to the same procedure as active unrestricted licenses.
 - (e) All Locum Tenens licenses are subject to discipline for the same causes and pursuant to the same procedures as active unrestricted licenses.

(Rule 1050-2-.05, continued)

- (f) Any person holding a Locum Tenens license who practices in this state for a period of time in any one year that the Board in its discretion feels is inordinate for the purposes of this licensure status may have his or her Locum Tenens license revoked or be required to apply for a full active license.
- (g) At the Board's discretion, submission of any document or set of documents required by this rule or submission of verification of the authenticity, validity and accuracy of the content of any document or set of documents required by this rule directly from the FCVS or other Board approved credentialing service to the Board Administrative Office shall be deemed to be submission of originals of those documents or sets of documents by the issuing institution(s).

Authority: T.C.A. §§4-5-202, 4-5-204, 63-1-142, 63-9-101, 63-9-104, 63-9-105, and 63-9-111. **Administrative History:** Original rule filed April 29, 1988; effective June 13, 1988. Amendment filed November 30, 1990; effective January 14, 1991. Amendment filed July 12, 1995; effective September 25, 1995. Repeal and new rule filed April 10, 2000; effective June 24, 2000. Amendment filed October 2, 2002; effective December 16, 2002.

1050-2-.06 EXAMINATION. All persons intending to apply for licensure as an osteopathic physician in Tennessee must successfully complete a written examination pursuant to this rule. Such written examination must be completed prior to application for licensure. Certification of successful completion must be submitted by the examining agency directly to the Board Administrative Office as part of the application process contained in rule 1050-2-.03.

- (1) The Board adopts the Comprehensive Osteopathic Medical Licensure Examination (COMLEX), the National Board of Osteopathic Medical Examiners' Examination (NBOME), NBME, FLEX, USMLE, or a Board approved State administered examination taken prior to 1994 as its written licensure examinations. Successful completion of one of these examinations is a prerequisite to licensure.
- (2) An applicant (except reciprocity applicants) whose examination or combination of examinations, as provided in paragraph (3), is certified as having been successfully completed on or before the fifth (5th) year preceding the date of application shall be required to successfully complete the Special Purpose Examination (SPEX), the Comprehensive Osteopathic Medical Special Purpose Examination (COMSPEX), or the Comprehensive Osteopathic Medical Variable Purpose Examination (COMVEX).
- (3) The Board will accept any of the following examinations or combinations of examinations:
 - (a) The NBOME or COMLEX or any combination of their parts; or
 - (b) FLEX Components I and II; or
 - (c) Predecessor FLEX Days I, II and III; or
 - (d) FLEX Component I plus USMLE Step 3; or
 - (e) NBME Part I or USMLE Step 1,
plus
NBME Part II or USMLE Step 2
plus
NBME Part III or USMLE Step 3; or
 - (f) NBME Part I or USMLE Step 1
plus
NBME Part II or USMLE Step 2
plus
FLEX Component II

(Rule 1050-2-.06, continued)

- (g) Combinations of the Predecessor FLEX Days I, II and III are not allowed with any other examination.
- (4) Passing Scores - The Board adopts the NBOME's, the NBME's, the FLEX's, COMLEX's and the USMLE's determination of the passing scores for each Part or Step of their examinations.
- (5) All applicants for the examinations shall submit all application inquiries, applications, fees and all necessary admission documentation directly to the examination administering agency. The Board does not distribute or process applications for the any examination administering agency.
- (6) To gain access to U.S.M.L.E Step 3, an applicant must have completed the post-graduate year one (PGY-1) training program.
- (7) At the Board's discretion, submission of any document or set of documents required by this rule or submission of verification of the authenticity, validity and accuracy of the content of any document or set of documents required by this rule directly from the FCVS or other Board approved credentialing service to the Board Administrative Office shall be deemed to be submission of originals of those documents or sets of documents by the issuing institution(s).

Authority: T.C.A. §§4-5-202, 4-5-204, 63-9-101, 63-9-104, and 63-9-105. **Administrative History:** Original rule filed January 4, 1990; effective February 18, 1990. Amendment filed November 30, 1990; effective January 14, 1991. Amendment filed July 12, 1995; effective September 25, 1995. Repeal and new rule filed April 10, 2000; effective June 24, 2000. Amendment filed October 2, 2002; effective December 16, 2002.

1050-2-.07 LICENSURE RENEWAL AND REINSTATEMENT.

- (1) All licensees must renew their licenses to be able to legally continue in practice. License renewal is governed by the following:
 - (a) The due date for license renewal is its expiration date which is the last day of the month in which a license holder's birthday falls pursuant to the Division of Health Related Boards "biennial birthdate renewal system" contained in rule 1200-10-1-.10.
 - (b) Methods of Renewal - Licensees may accomplish renewal by one (1) of the following methods:
 - 1. Internet Renewals - Individuals may apply for renewal and pay the necessary fees via the Internet. The application to renew can be accessed at:
www.tennesseeanytime.org
 - 2. Paper Renewals - Licensees who have not renewed their authorization online via the Internet, will have a renewal application form mailed to them at the last address provided by them to the Board prior to the expiration date of their current license. Failure to receive such notification does not relieve the individual of the responsibility of timely meeting all requirements for renewal. To be eligible for renewal a licensee must submit to the Division of Health Related Boards on or before the license's expiration date the following:
 - (i) A completed and signed renewal application form.
 - (ii) The renewal and state regulatory fees as provided in Rule 1050-2-.02.

(Rule 1050-2-.07, continued)

- (c) Any renewal application received after the expiration date but before the last day of the month following the expiration date must be accompanied by the Late Renewal Fee provided in Rule 1050-2-.02.
 - (d) Any individual who fails to comply with the license renewal rules and/or notifications sent to them concerning failure to timely renew shall have their license processed pursuant to rule 1200-10-1-.10.
 - (e) Anyone submitting a signed renewal form, electronically or otherwise, which is found to be fraudulent or untrue may be subject to disciplinary action.
 - (f) Any licensee who receives notice of failure to timely renew pursuant to rule 1200-10-1-.10, and who, on or before the last day of the month following the month in which the license expires, executes and files in the Board's administrative office an affidavit of retirement pursuant to Rule 1050-2-.08 may have their license retired effective on their licensure expiration date.
- (2) Licenses processed pursuant to rule 1200-10-1-.10 for failure to renew may be reinstated upon meeting the following conditions:
- (a) Obtain, complete and submit a renewal/reinstatement/reactivation application; and
 - (b) At the discretion of the Board, either appear before it or submit a notarized statement setting forth the good cause for failure to renew; and
 - (c) Submit, along with the application, payment of all past due renewal fees; state regulatory fee and the late renewal fee provided in rule 1050-2-.02; and
 - (d) Submit evidence of being current in continuing medical education or an acceptable plan for making up all continuing medical education requirements.
 - (e) If derogatory information or communication is received during the renewal process, if requested by the Board or its duly authorized representative, appear before the Board, a Board member, a screening panel when the individual is under investigation or the Board Designee for an interview and/or be prepared to meet or accept other conditions or restrictions as the Board may deem necessary to protect the public.
 - (f) Any licensee who fails to renew licensure prior to the expiration of the second (2nd) year after which renewal is due may be required to meet or accept other conditions or restrictions as the Board may deem necessary to protect the public.
 - (g) Any licensee who fails to renew licensure prior to the expiration of the third (3rd) year after which renewal is due may be required to successfully complete a written or oral examination.
- (3) Renewal issuance and reinstatement decisions pursuant to this Rule may be made administratively subject to review by the Board, any Board member, or the Board Designee.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-1-107, 63-9-101, 63-9-107, 63-19-109, and 63-9-111. **Administrative History:** Original rule filed May 14, 1993; effective June 18, 1993. (Formerly 1050-2-3-.06) Repeal and new rule filed April 10, 2000; effective June 24, 2000. Amendment filed October 2, 2002; effective December 16, 2002.

1050-2-.08 LICENSURE RETIREMENT AND REACTIVATION.

- (1) Licensure Retirement

(Rule 1050-2-.08, continued)

- (a) Licensees who wish to retain their licenses but not actively practice osteopathic medicine may avoid administrative revocation of licensure and/or compliance with the licensure renewal process by obtaining from, completing and submitting to the Board Administrative Office an affidavit of retirement form along with any documentation which may be required by the form.
 - (b) Upon successful application for retirement of licensure with completion and receipt of all proper documentation to the Board's satisfaction, the Board shall register the license as retired. Any person who has a retired license may not practice osteopathic medicine in Tennessee.
- (2) Licensure Reactivation - Any licensee whose license has been retired may re-enter active practice by doing the following:
 - (a) Submit a written request for licensure reactivation to, and receive a reactivation application from, the Board Administrative Office, and
 - (b) Complete the application and submit all applicable fees and penalties, and
 - (c) If requested, after review by the Board, Board members, or Board consultant/designee, appear before the Board, Board member, or Board consultant/designee for an interview regarding continued competence in the event of licensure retirement in excess of two (2) years.
 - (d) The Board may attach other conditions as deemed necessary including, but not limited to:
 - 1. Submission of proof that continuing medical education requirements are current, and
 - 2. Successful completion of the Special Purpose Examination (SPEX) and/or the Comprehensive Osteopathic Medical Special Purpose Licensure Examination (COMSPEX).
 - (e) At the Board's discretion, submission of any document or set of documents required by this rule or submission of verification of the authenticity, validity and accuracy of the content of any document or set of documents required by this rule directly from the FCVS or other Board approved credentialing service to the Board Administrative Office shall be deemed to be submission of originals of those documents or sets of documents by the issuing institution(s).

Authority: T.C.A. §§4-5-202, 4-5-204, 63-1-111, 63-9-101, and 63-9-107. **Administrative History:** Original rule filed June 6, 1994; effective August 20, 1994. (Formerly 1050-2-.07) Repeal and new rule filed April 10, 2000; effective June 24, 2000.

1050-2-.09 OFFICERS, RECORDS, MEETING REQUESTS, CERTIFICATES OF FITNESS, REPLACEMENT LICENSES, CONSULTANTS, DECLARATORY ORDERS AND SCREENING PANELS.

- (1) The Board shall annually elect from its members the following officers:
 - (a) President - Who shall preside at all Board meetings.
 - (b) Vice President - Who in the absence of the Board President shall preside at meetings.
 - (c) Secretary – Who, along with the Board Administrator, shall be responsible for all correspondence for the Board.
- (2) Minutes of the Board meetings and all records, documents, applications, and correspondence will be maintained in the Board's Administrative Office.

(Rule 1050-2-.09, continued)

- (3) All requests, applications, notices, complaints, other communications and correspondence shall be directed to the Board's Administrative Office. Any requests or inquiries requiring a Board decision or official Board action except documents relating to disciplinary actions, declaratory orders or hearing requests must be received fourteen (14) days prior to a scheduled Board meeting and will be retained in the administrative office and presented to the Board at the Board meeting. Such documents not timely received shall be set over to the next Board meeting.
- (4) The Board members or the Board consultant/designee are individually vested with the authority to do the following acts:
 - (a) Review and make determinations on licensure, exemption renewal, and reactivation of licensure applications subject to the rules governing those respective applications.
 - (b) Serve as Consultant to the Division to decide the following:
 1. Whether and what type disciplinary actions should be instituted upon complaints received or investigations conducted by the Division.
 2. Whether and under what terms a complaint, case or disciplinary action might be settled. Any matter proposed for settlement must be subsequently considered by the full Board and either adopted or rejected.
- (5) The Board shall designate one (1) of its members or the Board consultant/designee to make determinations pursuant to rule 1360-4-1-.18(1)(b) regarding reconsideration of final orders issued by the Board.
- (6) Requests for Certificate of Fitness for licensees desiring to practice in another state must be made in writing to the Board Administrative Office and be accompanied by the fee provided in rule 1050-2-.02.
- (7) Requests for duplicate or replacement licenses must be made in writing to the Board Administrative Office and be accompanied by the fee provided in rule 1050-2-.02.
- (8) Declaratory Orders - The Board adopts, as if fully set out herein, rule 1200-10-1-.11, of the Division of Health Related Boards and as it may from time to time be amended, as its rule governing the declaratory order process. All declaratory order petitions involving statutes, rules or orders within the jurisdiction of the Board shall be addressed by the Board pursuant to that rule and not by the Division. Declaratory Order Petition forms can be obtained from the Board's administrative office.
- (9) Screening Panels - Any screening panel(s) established pursuant to T.C.A. § 63-1-138:
 - (a) Shall have concurrent authority with the Board members and any individual designated by the Board pursuant to paragraph (4), to do the acts enumerated in subparagraph (4) (b) subject to the conditions contained therein.
 1. A Screening panel(s) comprised of two (2) or more persons shall elect a chairperson prior to convening to conduct business.
 2. A screening panel(s) comprised of two (2) or more persons is required to conduct the informal hearings authorized in subparagraph (b) immediately below.
 - (b) After completion of an investigation by the Division, may upon request of either the state, or the licensee who is the subject of an investigation with the agreement of the state, or upon request of both the licensee and the state, conduct a non-binding informal hearing and make

(Rule 1050-2-.09, continued)

recommendations as a result thereof as to what, if any, terms of settlement of any potential disciplinary action are appropriate.

1. Neither the Rules of Civil Procedure, the Rules of Mediation and Arbitration, the Rules of Evidence, or Contested Case Procedural Rules under the Administrative Procedures Act shall apply in informal hearings before the screening panel(s).
 - (i) Evidence may be presented or received in any manner and in whatever order agreed upon by the parties.
 - (ii) Prior to convening the panel and in the absence of an agreement of the parties, the screening panel chairperson shall determine the manner and order of presentation of evidence.
2. Informal hearings may be conducted without the participation of the licensee who is the subject of the investigation.
3. A licensee who is the subject of an investigation being considered by a screening panel cannot be compelled to participate in any informal hearing.
4. Proposed settlements reached as a result of any informal hearing will not become binding and final unless they are:
 - (i) Approved by a majority of the members of the screening panel which issued them; and
 - (ii) Agreed to by both the Department of Health, by and through its attorney(s), and the licensee; and
 - (iii) Subsequently presented to and ratified by the Board.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-1-138, 63-9-101, 63-9-110, and 63-9-111. **Administrative History:** Original rule filed April 10, 2000; effective June 24, 2000. Amendment filed July 27, 2000; effective October 10, 2000. Amendment filed October 2, 2002; effective December 16, 2002.

1050-2-.10 LICENSURE DISCIPLINE AND CIVIL PENALTIES.

- (1) Upon a finding by the Board that a licensee has violated any provision of the Tennessee Osteopathic Medical Practice Act (T.C.A. § 63-9-101, et seq.) or the rules promulgated pursuant thereto, the Board may impose any of the following actions separately or in any combination which is deemed appropriate to the offense.
 - (a) Private Censure - This is a written action issued to the licensee for minor or near infractions. It is informal and advisory in nature and does not constitute a formal disciplinary action.
 - (b) Public censure or reprimand - This is a written action issued to a licensee for one time and less severe violations. It is a formal disciplinary action.
 - (c) Probation - This is a formal disciplinary action which places a licensee on close scrutiny for a period of time.
 1. This action may be combined with any other formal disciplinary action and include conditions which must be met before probation can be lifted and/or which restrict or condition the licensee's activities during the probationary period.

(Rule 1050-2-.10, continued)

2. Once ordered, probation may not be lifted unless and until the licensee petitions and appears before the Board after the period of initial probation has run and all conditions placed on the probation have been met and the Board is satisfied that a further probationary period is not warranted.
- (d) Licensure Suspension - This is a formal disciplinary action which suspends a licensee's right to practice osteopathic medicine for a fixed period of time. It contemplates the reentry of the licensee into practice under the license previously issued.
1. Once ordered, a suspension may not be lifted unless and until the licensee petitions and appears before the Board after the period of initial suspension has run and:
 - (i) All conditions placed on the suspension have been met; and
 - (ii) The Board is satisfied that the licensee is competent to return to practice and that no further period of suspension is warranted.
 2. It is the Board's intent that the licensee not practice osteopathic medicine at all during the period of suspension. If a licensee practices osteopathic medicine in another state during the period of any ordered suspension, the length of time of practice in another state shall not be counted toward fulfilling the suspension ordered by the Board.
 3. It is the Board's intent that during the period of any suspension, a licensee may not practice any health related profession or in any health related field unless permission is sought and granted by the Board.
- (e) Revocation with Leave To Apply - This is a formal disciplinary action which removes a licensee from the practice of osteopathic medicine in Tennessee and terminates the license previously issued. It relegates the licensee to the status possessed prior to initial application for licensure.
1. A revocation of this nature anticipates that if conditions contained in the revocation order are met that person may apply for a new license to practice osteopathic medicine. This does not guarantee that a new license will be issued unless or until the Board is satisfied that the person is competent to re-enter practice and is not a threat to the public health, safety or welfare.
 2. Petitions for reinstatement of licensure will not be accepted or entertained.
 3. Unless a shorter or longer period of time is included in the revocation order, application for a new license will not be accepted or entertained prior to the expiration of at least one (1) year from the effective date of the revocation. Under no circumstances will a new license be issued until the Board is satisfied that the applicant is competent to re-enter the practice of osteopathic medicine and has met all the then existing licensure requirements. Former disciplinary actions against a licensee can and will be considered in any decision on such licensure applications.
- (f) Permanent Licensure Revocation - This is the most severe form of disciplinary action which permanently removes a licensee from the practice of osteopathic medicine in Tennessee and terminates the license previously issued. It is the Board's intent that any licensee whose license is permanently revoked may never practice medicine in Tennessee again. Petitions for reinstatement or new applications for licensure will not be accepted or entertained.

(Rule 1050-2-.10, continued)

- (g) Conditions - Any action deemed appropriate by The Board to be required of a disciplined licensee during any period of probation or suspension or as a prerequisite to the lifting of probation or suspension or the reinstatement of a revoked license.
 - (h) Civil Penalty - A monetary disciplinary action assessed by the Board pursuant to paragraph (2) of this rule.
 - (i) Summary Suspension - This is a formal preliminary disciplinary action which immediately suspends a licensee's right to practice osteopathic medicine until a final disposition of the matter is had after a promptly instituted, full hearing before the Board. This type of suspension is ordered ex parte, pursuant to the notice procedures contained in T.C.A. § 4-5-320 and then only upon a finding by the Board that the public health, safety or welfare imperatively requires emergency action.
 - (j) Assessment of Costs - The imposition of a requirement that any person against whom sanctions have been imposed as a result of a disciplinary action pay the actual and reasonable costs of the prosecution of the case. When the Board, in any final order, requires the "payment of costs", that requirement includes payment of the following:
 - 1. All costs attributed to and assessed against the Board by the Division's Bureau of Investigations in connection with the prosecution of the matter including all investigator time, travel and lodging incurred during the prosecution.
 - 2. All costs assessed against the Board by the Division for the use of the Division facilities and personnel for prosecution of the matter.
 - 3. All costs assessed against the Board for the appearance fees, transcripts, time, travel and lodging of administrative law judges and court reporters and witnesses required in the prosecution of the matter.
 - (k) Order Modifications - The Board retains jurisdiction, and for good cause shown will entertain petitions, to modify the disciplinary portion of orders issued as a consequence of contested cases decided by it or any of its duly constituted panels, but will not under any circumstances consider modification of any findings of fact, conclusions of law, or policy reasons contained in the original orders. This provision shall not apply to a petition for reconsideration pursuant to T.C.A. § 4-5-317 timely filed with the Board pursuant to a contested case.
- (2) Civil Penalties
- (a) Schedule of Civil Penalties
 - 1. A "Type A" Civil Penalty may be imposed whenever the Board finds a person who is required to be licensed, certified, permitted, or authorized by the Board, guilty of a willful and knowing violation of the Osteopathic Practice Act, or regulations promulgated pursuant thereto, to such an extent that there is, or is likely to be, an imminent, substantial threat to the health, safety and welfare of an individual patient or the public. For purposes of this section, willfully and knowingly practicing osteopathic medicine without a permit, license, certification, or other authorization from the Board is one of the violations of the Osteopathic Practice Act for which a "Type A" Civil Penalty is assessable.
 - 2. A "Type B" Civil Penalty may be imposed whenever the Board finds the person required to be licensed, certified, permitted, or authorized by the Board is guilty of a violation of

(Rule 1050-2-.10, continued)

the Osteopathic Practice Act or regulations promulgated pursuant thereto in such manner as to impact directly on the care of patients or the public.

3. A "Type C" Civil Penalty may be imposed whenever the Board finds the person required to be licensed, certified, permitted, or authorized by the Board is guilty of a violation of the Osteopathic Practice Act or regulations promulgated pursuant thereto, which are neither directly detrimental to the patients or public, nor directly impact their care, but have only an indirect relationship to patient care or the public.

(b) Amount of Civil Penalties

1. "Type A" Civil Penalties shall be assessed in the amount of not less than \$500 nor more than \$1000.
2. "Type B" Civil Penalties shall be assessed in the amount of not less than \$100 nor more than \$500
3. "Type C" Civil Penalties shall be assessed in the amount of not less than \$50 nor more than \$100.

(c) Procedures for Assessing Civil Penalties

1. The Division of Health Related Boards may initiate a civil penalty assessment by filing a Memorandum of Assessment of Civil Penalty. The Division shall state in a memorandum of facts and law upon which it relies in alleging a violation, the proposed amount of the civil penalty and the basis for such penalty. The Division may incorporate the Memorandum of Assessment of Civil Penalty with a Notice of Charges which may be issued attendant thereto.
2. Civil Penalties may also be initiated and assessed by the Board during consideration of any Notice of Charges. In addition, the Board may, upon good cause shown, assess a type and amount of civil penalty which was not recommended by the Division.
3. In assessing the civil penalties pursuant to these rules the Board may consider the following factors:
 - (i) Whether the amount imposed will be a substantial economic deterrent to the violator;
 - (ii) The circumstances leading to the violation;
 - (iii) The severity of the violation and the risk of harm to the public;
 - (iv) The economic benefits gained by the violator as a result of non-compliance; and,
 - (v) The interest of the public.
4. All proceedings for the assessment of civil penalties shall be governed by the contested case provisions of Title 4, Chapter 5, Tennessee Code Annotated.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-9-101, 63-9-110, and 63-9-111. **Administrative History:** Original rule filed April 10, 2000; effective June 24, 2000. Amendment filed July 27, 2000; effective October 10, 2000. Amendment filed October 2, 2002; effective December 16, 2002.

1050-2-.11 ADVERTISING.

- (1) The lack of sophistication on the part of many of the public concerning osteopathic medical services, the importance of the interests affected by the choice of a physician and the foreseeable consequences of unrestricted advertising by osteopathic physicians which is recognized to pose special possibilities for deception, require that special care be taken by osteopathic physicians to avoid misleading the public. The osteopathic physician must be mindful that the benefits of advertising depend upon its reliability and accuracy. Since advertising by osteopathic physicians is calculated and not spontaneous, reasonable regulation designed to foster compliance with appropriate standards serves the public interest without impeding the flow of useful, meaningful, and relevant information to the public.
- (2) Definitions
 - (a) Advertisement - Informational communication to the public in any manner designed to attract public attention to the practice of an osteopathic physician who is licensed to practice in Tennessee.
 - (b) Licensee - Any person holding a license to practice osteopathic medicine in the State of Tennessee. Where applicable this shall include partnerships and/or corporations.
 - (c) Material Fact - Any fact which an ordinary reasonable and prudent person would need to know or rely upon in order to make an informed decision concerning the choice of practitioners to serve his or her particular needs.
 - (d) Bait and Switch Advertising - An alluring but insincere offer to sell a product or service which the advertiser in truth does not intend or want to sell. Its purpose is to switch consumers from buying the advertised service or merchandise, in order to sell something else, usually for a higher fee or on a basis more advantageous to the advertiser.
 - (e) Discounted Fee - Shall mean a fee offered or charged by a person or organization for any product or service that is less than the fee the person or organization usually offers or charges for the product or service. Products or services expressly offered free of charge shall not be deemed to be offered at a "discounted fee."
- (3) Advertising Fees and Services
 - (a) Fixed Fees - Fixed fees may be advertised for any service. It is presumed unless otherwise stated in the advertisement that a fixed fee for a service shall include the cost of all professional recognized components within generally accepted standards that are required to complete the service.
 - (b) Range of Fees - A range of fees may be advertised for services and the advertisement must disclose the factors used in determining the actual fee, necessary to prevent deception of the public.
 - (c) Discount Fees - Discount fees may be advertised if:
 1. The discount fee is in fact lower than the licensee's customary or usual fee charged for the service, and
 2. The licensee provides the same quality and components of service and material at the discounted fee that are normally provided at the regular, non-discounted fee for that service.

(Rule 1050-2-.11, continued)

- (d) Related Services and Additional Fees - Related services which may be required in conjunction with the advertised services for which additional fees will be charged must be identified as such in any advertisement.
 - (e) Time Period of Advertised Fees - Advertised fees shall be honored for those seeking the advertised services during the entire time period stated in the advertisement whether or not the services are actually rendered or completed within that time. If no time period is stated in the advertisement of fees, the advertised fee shall be honored for thirty (30) days from the last date of publication or until the next scheduled publication whichever is later whether or not the services are actually rendered or completed within that time.
- (4) Advertising Content - The following acts or omissions in the content of advertisement by any licensee shall constitute unethical and unprofessional conduct, and subject the licensee to disciplinary action.
- (a) Claims that the services performed, personnel employed, materials or office equipment used are professionally superior to that which is ordinarily performed, employed, or used, or that convey the message that one licensee is better than another when superiority of services, personnel, materials or equipment cannot be substantiated.
 - (b) The misleading use of an unearned or non-health degree in any advertisement.
 - (c) Promotion of professional services which the licensee knows or should know is beyond the licensee's ability to perform.
 - (d) Techniques of communication which intimidate, exert undue pressure or undue influence over a prospective client.
 - (e) Any appeals to an individual's anxiety in an excessive or unfair manner.
 - (f) The use of any personal testimonial attesting to quality of competency of a service or treatment offered by a licensee that is not reasonably verifiable.
 - (g) Utilization of any statistical data or other information based on past performances for prediction of future services, which creates an unjustified expectation about results that the licensee can achieve.
 - (h) The communication of personal identifiable facts, data, or information about a patient without first obtaining patient consent.
 - (i) Any misrepresentation of a material fact.
 - (j) The knowing suppression, omission or concealment of any materials, fact, or law without which the advertisement would be deceptive or misleading.
 - (k) Statements concerning the benefits or other attributes of osteopathic medical procedures or products that involve significant risks without including:
 - 1. A realistic assessment of the safety and efficiency of those procedures or products, and
 - 2. The availability of alternatives, and
 - 3. Where necessary to avoid deception, descriptions or assessment of the benefits or other attributes of those alternatives.

(Rule 1050-2-.11, continued)

- (l) Any communication which creates an unjustified expectation concerning the potential results of any treatment.
 - (m) Failure to comply with the rules governing advertisement of fees and services, or advertising records.
 - (n) The use of “bait and switch” advertisements. Where the circumstances indicate “bait and switch” advertising, the Board may require the licensee to furnish data or other evidence pertaining to those sales at the advertised fee as well as other sales.
 - (o) Misrepresentation of a licensee’s credentials, training, experience, or ability.
 - (p) Failure to include the corporation, partnership or individual licensee’s name, address, and telephone number in any advertisement. Any corporation, partnership or association which advertises by use of a trade name or otherwise fails to list all licensees practicing at a particular location shall:
 - 1. Upon request provide a list of all licensees practicing at that location, and
 - 2. Maintain and conspicuously display at the licensee’s office, a directory listing all licensees practicing at that location.
 - (q) Failure to disclose the fact of giving compensation or anything of value to representatives of the press, radio, television or other communicative medium in anticipation of or in return for any advertisement (for example, newspaper article) unless the nature, format or medium of such advertisement makes the fact of compensation apparent.
 - (r) After thirty (30) days of the licensee’s departure, the use of the name of any licensee formerly practicing at or associated with any advertised location or on office signs or buildings is prohibited. This rule shall not apply in the case of a retired or deceased former associate who practiced in association with one or more of the present occupants if the status of the former associate is disclosed in any advertisement or sign.
 - (s) Stating or implying that a certain licensee provides all services when any such services are performed by another licensee.
 - (t) Directly or indirectly offering, giving, receiving, or agreeing to receive any fee or other consideration to or from a third party for the referral of a patient in connection with the performance of professional services.
- (5) Advertising Records and Responsibility
- (a) Each licensee who is a principal partner, or officer of a firm or entity identified in any advertisement, is jointly and severally responsible for the form and content of any advertisement. This provision shall also include any licensed professional employees acting as an agent of such firm or entity.
 - (b) Any and all advertisements are presumed to have been approved by the licensee named therein.
 - (c) A recording of every advertisement communicated by electronic media, and a copy of every advertisement communicated by print media, and a copy of any other form of advertisement shall be retained by the licensee for a period of two (2) years from the last date of broadcast or publication and be made available for review upon request by the Board or its designee.

(Rule 1050-2-.11, continued)

- (d) At the time any type of advertisement is placed, the licensee must possess and rely upon information which, when produced, would substantiate the truthfulness of any assertion, omission or representation of material fact set forth in the advertisement or public information.
- (6) Severability. It is hereby declared that the sections, clauses, sentences and parts of these rules are severable, are not matters of mutual essential inducement, and any of them shall be rescinded if these rules would otherwise be unconstitutional or ineffective. If any one or more sections, clauses, sentences or parts shall for any reason be questioned in court, and shall be adjudged unconstitutional or invalid, such judgment shall not affect, impair or invalidate the remaining provisions thereof, but shall be confined in its operation to the specific provision or provisions so held unconstitutional or invalid, and the inapplicability or invalidity of any section, clause, sentence or part in any one or more instance shall not be taken to affect or prejudice in any way its applicability or validity in any other instance.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-9-101, and 63-9-111. **Administrative History:** Original rule filed April 10, 2000; effective June 24, 2000.

1050-2-.12 CONTINUING EDUCATION REQUIREMENTS.

- (1) Hours Required, Waiver, and Exemptions
 - (a) All licensees must complete, during the two (2) calendar years (January 1 - December 31) that precede the licensure renewal year, forty (40) hours of Category I-A and II-A continuing medical education as defined in the most current annual American Osteopathic Association Yearbook and Directory, in courses approved by the Board.
 - (b) The Board approves a course for only the number of hours contained in the course. The approved hours of any individual course will not be counted more than once in a calendar year toward the required hourly total regardless of the number of times the course is attended or completed by any individual.
 - (c) Waiver - The Board may waive the requirements of these rules in cases where illness, disability, or other undue hardship beyond the control of the licensee prevents a licensee from complying. Requests for waivers must be sent in writing to the Board prior to the expiration of the calendar year in which the continuing medical education is due.
 - (d) Exemptions:
 - 1. Anyone whose license is in the retired status pursuant to rule 1050-2-.08 is exempt from the requirements of these continuing medical education rules.
 - 2. Anyone who obtains licensure in the same calendar year as successful completion of the NBOME, COMLEX, or the USMLE Step 3 is exempt from the provisions of these continuing medical education rules but only for the calendar year in which licensure is issued.
- (2) Proof of Compliance - All licensees must retain independent documentation of completion of all continuing medical education hours and compliance with the provisions of these rules.
 - (a) This documentation must be retained for a period of four (4) years from the end of the calendar year in which the continuing medical education was acquired.
 - (b) This documentation must be produced for inspection and verification, if requested in writing by the Division during its verification process.

(Rule 1050-2-.12, continued)

- (c) Documentation verifying the licensee's completion of the continuing medical education hours may consist of any one (1) or more of the following:
 - 1. Original certificates verifying the individual's attendance at the continuing education programs described above.
 - 2. Original letters on official institution stationery or photocopies of original letters on official institution stationery from the instructor of the graduate level course verifying that the course was completed and listing the number of credit hours of attendance completed by the individual; or
 - 3. Documentation from the American Academy of Family Physicians (hereafter AAFP) indicating acquired continuing medical education hours; or
 - 4. Official transcript verifying credit hours earned. One (1) semester academic credit hour is equivalent to fifteen (15) clock hours for the purpose of licensure renewal. Credit for auditing will be for the actual clock hours in attendance, not to exceed the academic credit.
- (3) Acceptable Continuing Education - To be utilized for satisfaction of the continuing education requirements of this rule, the continuing education hours must comply with the following:
 - (a) They must be approved in content, structure and/or format by the A.O.A., or by the Accreditation Council for Continuing Medical Education (A.C.C.M.E.) or by a state medical association recognized by the A.C.C.M.E. as an intrastate accreditor of sponsors of continuing medical education; or
 - (b) They must be designated by the AAFP as meeting the criteria of the AAFP's prescribed credit.
- (4) Violations and Disciplinary Orders
 - (a) Any licensee who fails to obtain the required continuing medical education hours or otherwise comply with the provisions of these rules will be subject to disciplinary action.
 - (b) Continuing medical education hours obtained as a result of compliance with the terms of Board Orders in any disciplinary action or obtained pursuant to licensure or renewal restriction/conditions mandated by the Board shall not be credited toward the continuing medical education hours required to be obtained in any calendar year.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-9-101, and 63-9-107. **Administrative History:** Original rule filed April 10, 2000; effective June 24, 2000. Amendment filed October 2, 2002; effective December 16, 2002.

1050-2-.13 SPECIFICALLY REGULATED AREAS AND ASPECTS OF MEDICAL PRACTICE.

- (1) The scope of practice of osteopathic physicians in Tennessee is broadly defined in the Osteopathic Medical Act and promulgated rules and includes many aspects which if not particularly regulated could lead to serious ramifications for the consuming public. This rule is to designate specific areas in the practice of osteopathic medicine for regulation the violation of which may result in disciplinary action pursuant to T.C.A. § 63-9-111.
- (2) Pharmaceutical Dispensing - Osteopathic physicians who elect to dispense medication for remuneration must comply with the following:

(Rule 1050-2-.13, continued)

- (a) All Federal Regulations (21 CFR 1304 through 1308) for the dispensing of controlled substances.
- (b) Requirements for dispensing of non-controlled drugs are as follows:
 - 1. Drugs are to be dispensed in an appropriate container labeled with at least, the following:
 - (i) Patient's name.
 - (ii) Date.
 - (iii) Complete directions for usage.
 - (iv) The physician's name and address.
 - (v) A unique number, or the name and strength of the medication.
 - 2. Physicians may dispense only to individuals with whom they have established a physician/patient relationship. It shall be a violation of this rule for a physician to dispense medication at the order of any other physician not registered to practice at the same location.
 - 3. Whenever dispensing takes place, appropriate records shall be maintained. A separate log must be maintained for controlled substances dispensing.
- (c) It is not the intention of the rule to interfere with the individual physician's appropriate use of professional samples, nor to interfere in any way with the physician's right to directly administer drugs or medicines to any patient.
- (d) Dispensing or prescribing controlled substances in amounts or for durations not medically necessary, advisable or justified is considered to be practicing beyond the scope of the professional practice.
- (3) Prescription Legibility- Any physician writing a prescription on a pre-printed prescription blank with multiple physicians' names shall circle his or her name on the prescription. Any physician writing a prescription on a prescription blank which does not have the physician's name pre-printed on it shall use a hand stamp with his or her name on it below the signature on the prescription. If a hand stamp or a pre-printed prescription blank are not available or not practicable, the physician shall legibly print his or her full name below the signature line for identification purposes. This rule in no case replaces the need for a signature on the prescription. The physician's signature is required as the official certifying act of the physician. Physicians may utilize a legible and specifically identifying electronic signature to satisfy the requirements of this rule and as the official certifying act of the physician.
- (4) Supervision - See Rule 1050-2-.15 The Utilization and Supervision of a Certified Nurse Practitioner or Licensed Physician Assistant.
- (5) Guidelines for the Use of Controlled Substances for the Treatment of Pain –
 - (a) Purposes and Intent
 - 1. The Board recognizes that principles of quality medical practice dictate that the people of the State of Tennessee have access to appropriate and effective pain relief. The appropriate application of up-to-date knowledge and treatment modalities can serve to improve the quality of life for those patients who suffer from pain as well as reduce the

(Rule 1050-2-.13, continued)

- morbidity and costs associated with untreated or inappropriately treated pain. The Board encourages physicians to view effective pain management as a part of quality medical practice for all patients with pain, acute or chronic, and it is especially important for patients who experience pain as a result of terminal illness. All physicians should become knowledgeable about effective methods of pain treatment as well as statutory requirements for prescribing controlled substances.
2. Inadequate pain control may result from physicians' lack of knowledge about pain management or an inadequate understanding of addiction. Fears of investigation or sanction by federal, state and local regulatory agencies may also result in inappropriate or inadequate treatment of chronic pain patients. Accordingly, these guidelines have been developed pursuant to the Tennessee Intractable Pain Treatment Act to clarify the Board's position on pain control, specifically as related to the use of controlled substances, to alleviate physician uncertainty and to encourage better pain management.
 3. The Board recognizes that controlled substances, including opioid analgesics, may be essential in the treatment of acute pain due to trauma or surgery and chronic pain, whether due to cancer or non-cancer origins. Physicians are referred to the U.S. Agency for Health Care and Research Clinical Practice Guidelines for a sound approach to the management of acute and cancer-related pain. The medical management of pain should be based on current knowledge and research and include the use of both pharmacologic and non-pharmacologic modalities. Pain should be assessed and treated promptly, and the quantity and frequency of doses should be adjusted according to the intensity and duration of the pain. Physicians should recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not synonymous with addiction.
 4. The Board is obligated under the laws of the State of Tennessee to protect the public health and safety. The Board recognizes that inappropriate prescribing of controlled substances, including opioid analgesics, may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use. Physicians should be diligent in preventing the diversion of drugs for illegitimate purposes.
 5. Physicians should not fear disciplinary action from the Board for prescribing, dispensing or administering controlled substances, including opioid analgesics, for a legitimate medical purpose and in the usual course of professional practice. The Board will consider prescribing, ordering, administering or dispensing controlled substances for pain to be for a legitimate medical purpose if based on accepted scientific knowledge of the treatment of pain or if based on sound clinical grounds. All such prescribing must be based on clear documentation of unrelieved pain and in compliance with applicable state and federal law.
 6. Each case of prescribing for pain will be evaluated on an individual basis. The board will not take disciplinary action against a physician for failing to adhere strictly to the provisions of these guidelines, if good cause is shown for such deviation. The physician's conduct will be evaluated to a great extent by the treatment outcome, taking into account whether the drug used is medically and/or pharmacologically recognized to be appropriate for the diagnosis, the patient's individual needs-including any improvement in functioning-and recognizing that some types of pain cannot be completely relieved.
 7. The Board will judge the validity of prescribing based on the physician's treatment of the patient and on available documentation, rather than on the quantity and chronicity of prescribing. The goal is to control the patient's pain for its duration while effectively addressing other aspects of the patient's functioning, including physical, psychological,

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social and work-related factors. The following guidelines are not intended to define complete or best practice, but rather to communicate what the Board considers to be within the boundaries of professional practice.

- (b) Guidelines - The Board adopts the following guidelines when evaluating the use of controlled substances for pain control:
1. Evaluation of the Patient - A complete medical history and physical examination must be conducted and documented in the medical record. The medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse. The medical record also should document the presence of one or more recognized medical indications for the use of a controlled substance.
 2. Treatment Plan - The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.
 3. Informed Consent and Agreement for Treatment - The physician should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient or with the patient's surrogate or guardian if the patient is incompetent. The patient should receive prescriptions from one physician and one pharmacy where possible.
 4. Periodic Review - At reasonable intervals based on the individual circumstances of the patient, the physician should review the course of treatment and any new information about the etiology of the pain. Continuation or modification of therapy should depend on the physician's evaluation of progress toward stated treatment objectives, such as improvement in patient's pain intensity and improved physical and/or psychosocial function, i.e., ability to work, need of health care resources, activities of daily living and quality of social life. If treatment goals are not being achieved, despite medication adjustments, the physician should reevaluate the appropriateness of continued treatment. The physician should monitor patient compliance in medication usage and related treatment plans.
 5. Consultation - The physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. The management of pain in patients with a comorbid psychiatric disorder may require extra care, monitoring, documentation and consultation with or referral to an expert in the management of such patients.
 6. Medical Records - The physician should keep accurate and complete records to include the medical history and physical examination; diagnostic, therapeutic and laboratory results; evaluations and consultations; treatment objectives; discussion of risks and benefits; treatments; medications (including date, type, dosage and quantity prescribed); instructions and agreements; and periodic reviews. Records should remain current and be maintained in an accessible manner and readily available for review.

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- (c) No physician is required to provide treatment to patients with intractable pain with opiate medications but when refusing to do so shall inform the patient that there are physicians whose primary practice is in the treatment of severe, chronic, intractable pain with methods including the use of opiates. If the patient requests a referral to such a physician, and the physician makes such a referral that referral shall be noted in the patient's medical records.
 - (d) If a physician provides medical care for persons with intractable pain, with or without the use of opiate medications, to the extent that those patients become the focus of the physician's practice the physician must be prepared to document specialized medical education in pain management sufficient to bring the physician within the current standard of care in that field which shall include education on the causes, different and recommended modalities for treatment, chemical dependency and the psycho/social aspects of severe, chronic intractable pain.
 - (e) The treatment of persons with an acute or chronic painful medical condition who also require treatment for chemical dependency by a physician shall be governed by subsections T.C.A. § 63-6-1107 (c) and (d).
- (6) Prerequisites to Issuing Prescriptions or Dispensing Medications - In Person, Electronically, and Over the Internet
 - (a) Except as provided in subparagraph (b), it shall be a prima facie violation of T.C.A. § 63-9-111 (b) (1), (4), and (11) for a physician to prescribe or dispense any drug to any individual, whether in person or by electronic means or over the Internet or over telephone lines, unless the physician, or his/her licensed supervisee pursuant to appropriate protocols or medical orders, has first done and appropriately documented, for the person to whom a prescription is to be issued or drugs dispensed, all of the following:
 - 1. Performed an appropriate history and physical examination; and
 - 2. Made a diagnosis based upon the examinations and all diagnostic and laboratory tests consistent with good medical care; and
 - 3. Formulated a therapeutic plan, and discussed it, along with the basis for it and the risks and benefits of various treatments options, a part of which might be the prescription or dispensed drug, with the patient; and
 - 4. Insured availability of the physician or coverage for the patient for appropriate follow-up care.
 - (b) A physician, or his/her licensed supervisee pursuant to appropriate protocols or medical orders, may prescribe or dispense drugs for a person not in compliance with subparagraph (a) in circumstances consistent with sound medical practice, examples of which are as follows:
 - 1. In admission orders for a newly hospitalized patient; or
 - 2. For a patient of another physician for whom the prescriber is taking calls or for whom the prescriber has verified the appropriateness of the medication; or
 - 3. For continuation medications on a short-term basis for a new patient prior to the patient's first appointment; or
 - 4. For established patients who, based on sound medical practices, the physician feels do not require a new physical examination before issuing new prescriptions; or

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5. In compliance with paragraph (9) of this rule.
- (c) It shall be a prima facie violation of T.C.A. § 63-9-111 (b) (1), (4), and (11) for a physician, or his/her licensed supervisee pursuant to appropriate protocols or medical orders, to prescribe or dispense any drug to any individual for whom the physician, or his/her licensed supervisee pursuant to appropriate protocols or medical orders, has not complied with the provisions of this rule based solely on answers to a set of questions regardless of whether the prescription is issued directly to the person or electronically over the Internet or telephone lines.
- (7) Amphetamines, Amphetamine-Like Substances, and Central Nervous System Stimulants.
 - (a) It shall be a prima facie violation of T.C.A. §§ 63-9-111 (b)(1) and 63-9-111 (b)(11) to prescribe, order, administer, sell or otherwise distribute any amphetamine drug except:
 1. For treatment of the following:
 - (i) attention deficit disorder;
 - (ii) drug-induced brain dysfunction;
 - (iii) narcolepsy;
 - (iv) dementia or organic brain syndrome with severe psychomotor retardation;
 - (v) Chronic depression refractory to other drugs. Such diagnosis must be included on the prescription.
 2. When the licensee has applied for and received from the Board of Osteopathic Examination a written approval for the clinical investigation of such drugs under a protocol satisfactory to the Board. Any such approval by the Board of Osteopathic Examination will be filed with the Board of Pharmacy and disseminated by the Board of Pharmacy to any pharmacy which would fill prescriptions written during the research.
 - (b) The list of amphetamine drugs governed by this rule includes the following controlled substances:
 1. Amphetamine, its salts, optical isomers and salts of its optical isomers; (examples are Biphedamine, Dexadrine, Benzedrine and others).
 2. Methamphetamine, its salts, isomers and salts of isomers; (an example is Desoxyn).
 3. Any salt, any type of isomer and salts of such isomers, or any chemical element or any mixture, compound, material or preparation, containing any quantity of any of the substances listed above or their salts, any type of isomers and salts of such isomers, or chemical elements are also governed by this rule.
 - (c) It shall be a prima facie violation of T.C.A. §§ 63-9-111 (b)(1) and 63-9-111 (b)(11) to prescribe, order, administer, sell or otherwise distribute any amphetamine-like substance listed below, except when the licensee has applied for and received from the Board of Osteopathic Examination a written approval for the clinical investigation of such drugs under a protocol satisfactory to the Board. Any such approval by the Board of Osteopathic Examination will be filed with the Board of Pharmacy and disseminated by the Board of Pharmacy to any pharmacy which would fill prescriptions written during the research.

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1. The list of amphetamine-like substances governed by this rule are the following controlled substances:
 - (i) Phenmetrazine and its salts; (an example is Preludin)
 - (ii) Benzphetamine; (an example is Didrex)
 - (iii) Chlorphentermine; (an example is Pre Sate)
 - (iv) Phendimetrazine; (examples are Plegine, Bontril, Meltiat, Prelu-2, dipost, Wehles, and others)
 - (v) Diethylpropion; (examples are Tenuate and Tepanil)
 - (vi) Mazindol; (examples are Mazandor and Sanorex)
 - (vii) Phentermine; (examples Ionamin, Fastin, Adipex and others), except as authorized pursuant to T.C.A. § 63-6-214;
 - (viii) Fenfluramine HS; (an example Pondimin), except as authorized pursuant to T.C.A. § 63-6-214.
 2. Any salt, any type of isomer and salts of such isomers, or any chemical element or any mixture, compound, material or preparation, containing any quantity of any of the substances listed above or their salts, any type of isomers and salts of such isomers, or chemical elements, except as authorized pursuant to T.C.A. § 63-6-214, are also governed by this rule.
- (d) It shall be a prima facie violation of T.C.A. §§ 63-9-111 (b)(1) and 63-9-111 (b)(11) to prescribe, order, administer, sell or otherwise distribute any central nervous system stimulant listed below except:
1. For treatment of any of the following:
 - (i) attention deficit disorder;
 - (ii) drug-induced brain dysfunction;
 - (iii) narcolepsy;
 - (iv) dementia or organic brain syndrome with severe psychomotor retardation;
 - (v) Chronic depression refractory to other drugs. Such diagnosis must be included on the prescription.
 2. When the licensee has applied for and received from the Board of Osteopathic Examination a written approval for the clinical investigation of such drugs under a protocol satisfactory to the Board. Any such approval by the Board of Osteopathic Examination will be filed with the Board of Pharmacy and disseminated by the Board of Pharmacy to any pharmacy which would fill prescriptions written during the research.
- (e) The list of central nervous system stimulants governed by this rule are the following controlled substances:

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1. methylphenidate; (an example is Ritalin);
 2. pemoline (including organometallic complexes and chelates thereof; an example is Cylert);
 3. Any salt, any type of isomer and salts of such isomers, or any chemical element or any mixture, compound, material or preparation, containing any quantity of any of the substances listed above or their salts, any type of isomers and salts of such isomers, or chemical elements are also governed by this rule.
- (8) Code of Ethics - The Board adopts, as if fully set out herein and to the extent that it does not conflict with state law, rules or Board Position Statements, as its code of medical ethics the "Code of Ethics" published by the A.O.A. as it may, from time to time, be amended.
- (a) In the case of a conflict the state law, rules or position statements shall govern. Violation of the Board's code of ethics shall be grounds for disciplinary action pursuant to T.C.A. § 63-9-111 (b) (1).
 - (b) A copy of the A.O.A. "Code of Ethics" may be obtained from the American Osteopathic Association, 142 E. Ontario Street, Chicago, IL 60611 or by phone at (312) 202-8138.
- (9) Treatment of Chlamydia trachomatis
- (a) Purpose - This rule provides an acceptable deviation from the normal standard of care in the treatment of Chlamydia trachomatis (hereafter Ct) and provides a means for physicians to help reduce Tennessee's rate of Ct infection which currently exceeds the national rate by over ten percent (10%), and which, if left untreated, can cause serious health problems including pelvic inflammatory disease, ectopic pregnancies, infertility, cervical cancer and an increased risk of HIV infection. This rule will allow physicians and those over whom they exercise responsibility and control to provide an effective and safe treatment to the partners of patients infected with Ct who for various reasons may not otherwise receive appropriate treatment.
 - (b) For purpose of this rule "partner(s)" shall mean any person who comes into sexual contact with the infected patient during the sixty (60) days prior to the onset of patient's symptoms or positive diagnostic test results.
 - (c) Prerequisites - Physicians and those who provide medical services under their responsibility and control who have first documented all of the following in the medical records for patients may provide partner treatment pursuant to subparagraph (d) of this rule:
 1. A laboratory-confirmed Ct infection without evidence of co-infection with gonorrhea or other complications suggestive of a relationship to Ct infection; and
 2. Provision of treatment of the patient for Ct; and
 3. An attempt to persuade the infected patient to have all partners evaluated and treated and the patient indicated that partners would not comply; and
 4. Provision of a copy of reproducible, department-provided Ct educational fact sheet or substantially similar Ct-related literature available from other professional sources to the patient with copies for all partners; and
 5. Counseling the patient on sexual abstinence until seven (7) days after treatment and until seven (7) days after partners have been treated; and

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- (d) Partner Treatment - Upon documentation in the patient's medical records of all prerequisites in subparagraph (c) physicians or those who provide medical services under their responsibility and control may either:
 - 1. Provide to the treated patient non-named signed prescriptions for, or dispense to the patient, the appropriate quantity and strength of azithromycin sufficient to provide curative treatment for the total number of unnamed "partners" as defined in subparagraph (b) and indicated by the patient.
 - 2. Provide to the treated patient signed, name-specific prescriptions for, or dispense to the patient, the appropriate quantity and strength of azithromycin sufficient to provide curative treatment for the total number of known partners as defined in subparagraph (b) and named by the patient.
- (10) Use of Laser Equipment - Any procedure encompassed within the definition of the practice of osteopathic medicine contained in T.C.A. § 63-9-106 that is to be performed by use of a laser shall be considered, except as provided in T.C.A. §§ 63-26-102 (5) and 63-6-204, to be the practice of osteopathic medicine.

Authority: T.C.A. §§4-5-202, 4-5-204, 53-11-301, 63-6-204, 63-6-1104, 63-6-1105, 63-6-1107, 63-6-1110, 63-9-101, 63-9-111, and 63-26-102. **Administrative History:** Original rule filed April 10, 2000; effective June 24, 2000. Amendment filed April 10, 2000; effective June 24, 2000. Amendment filed January 28, 2002; effective April 13, 2002. Amendment filed October 2, 2002; effective December 16, 2002. Amendment filed October 23, 2002; effective January 6, 2003. Amendment filed May 28, 2003; effective August 11, 2003.

1050-2-.14 UNIVERSAL PRECAUTIONS FOR THE PREVENTION OF HIV TRANSMISSION. The Board adopts, as if fully set out herein, rules 1200-14-3-.01 through 1200-14-3-.03 inclusive, of the Department of Health and as they may from time to time be amended, as its rule governing the process for implementing universal precautions for the prevention of HIV transmission for health care workers under its jurisdiction.

Authority: T.C.A. §§4-5-202, 4-5-204, and 68-11-222. **Administrative History:** Original rule filed April 10, 2000; effective June 24, 2000.

1050-2-.15 THE UTILIZATION AND SUPERVISION OF A CERTIFIED NURSE PRACTITIONER OR LICENSED PHYSICIAN ASSISTANT.

- (1) Physician Assistants - The Tennessee Board of Osteopathic Examination adopts, as if fully set out herein, paragraph (30) of rule 0880-3-.01, rule 0880-3-.02 and rule 0880-3-.10 of the Board of Medical Examiners, and as they may from time to time be amended, as its rules governing an osteopathic physician's supervision of a licensed physician assistant.
- (2) Nurse Practitioners - The Tennessee Board of Osteopathic Examination adopts, as if fully set out herein, rule 0880-6-.01 and rule 0880-6-.02 of the Board of Medical Examiners, and as they may from time to time be amended, as its rules governing an osteopathic physician's supervision of a certified nurse practitioner.
- (3) Penalties - Any licensed osteopathic physician subject to the jurisdiction of the Board of Osteopathic Examination who supervises a certified nurse practitioner or licensed physician assistant inconsistent with the provisions of the Tennessee Osteopathic Practice Act and/or any of the other rules and regulations promulgated pursuant thereto shall be deemed guilty of "unprofessional conduct" and subject to disciplinary action by the Board in accordance with the provisions of T.C.A. § 63-9-101, et seq. Such disciplinary action includes, but is not limited to, the suspension of privileges to utilize a certified nurse practitioner or licensed physician assistant pursuant to T.C.A. §§ 63-9-106 and 63-9-

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111 and the provisions of this chapter, or the suspension, or revocation of an osteopathic physician's license to practice in Tennessee.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-7-123, 63-9-101, 63-9-106, 63-9-111, 63-9-113, 63-19-106, and 63-19-107. **Administrative History:** Original rule filed April 10, 2000; effective June 24, 2000.

1050-2-.16 CONSUMER RIGHT-TO-KNOW REQUIREMENTS.

- (1) Malpractice Reporting Requirements - The threshold amount below which medical malpractice judgments, awards or settlements in which payments are awarded to complaining parties need not be reported pursuant to the "Health Care Consumer Right-To-Know Act of 1998" shall be seventy-five thousand dollars (\$75,000).
- (2) Criminal Conviction Reporting Requirements - For purposes of the "Health Care Consumer Right-To-Know Act of 1998," the following criminal convictions must be reported:
 - (a) Conviction of any felony; and
 - (b) Conviction or adjudication of guilt of any misdemeanor, regardless of its classification, in which any element of the misdemeanor involves any one or more of the following:
 1. Sexual Misconduct.
 2. Alcohol or drugs.
 3. Physical injury or threat of injury to any person.
 4. Abuse or neglect of any minor, spouse or the elderly.
 5. Fraud or theft.
 6. Practicing medicine without a license.
 - (c) If any misdemeanor conviction reported under this rule is ordered expunged, a copy of the order of expungement signed by the judge must be submitted to the Department before the conviction will be expunged from any profile.

Authority: T.C.A. §§4-5-202, 4-5-204, 63-9-101, 63-9-111, 63-51-102, and 63-51-105. **Administrative History:** Original rule filed April 10, 2000; effective June 24, 2000.

1050-2-.17 TELEMEDICINE LICENSURE. No person shall engage in the practice of osteopathic medicine across state lines in this State, hold himself out as qualified to do the same, or use any title, word, or abbreviation to indicate to or induce others to believe that he is licensed to practice osteopathic medicine across state lines in this State unless he is actually so licensed in accordance with the provisions of this rule.

- (1) Definitions - As used in this rule, the practice of osteopathic medicine across state lines (telemedicine) means:
 - (a) The rendering of a written or otherwise documented medical opinion concerning diagnosis or treatment of a patient within this State by an osteopathic physician located outside this State as a result of transmission of individual patient data by electronic or other means from within this State to such osteopathic physician or his agent; or

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- (b) The rendering of treatment to a patient within this State by an osteopathic physician located outside this State as a result of transmission of individual patient data by electronic or other means from within this State to such osteopathic physician or his agent.
- (2) Issuance of License - An applicant who has an unrestricted license in good standing in another state and maintains an unencumbered certification in a recognized specialty area; or is eligible for such certification and indicates a residence and a practice outside the State of Tennessee but proposes to practice osteopathic medicine across state lines on patients within the physical boundaries of the State of Tennessee, shall in the discretion of the Board be issued a telemedicine license.
 - (a) To obtain a license, an applicant shall compile the following and when completed, submit them to the Board Administrative Office:
 - 1. A Board approved application form; and
 - 2. All documentation required by rule 1050-2-.03 (1) subparagraphs (b), (f), (g), (i) and rule 1050-2-.03(2) subparagraph (a).
 - (b) The practice of any person issued a telemedicine license shall be restricted to the specialty area of osteopathic medicine in which that person is certified or in which the person is eligible for certification.
 - (c) All telemedicine licenses must be renewed, inactivated or retired according to the same procedure as active unrestricted licenses governed by rules 1050-2-.07 and 1050-2-.08.
 - (d) All telemedicine licenses are subject to discipline for the same causes and pursuant to the same procedures as active unrestricted licenses.
 - (e) In the event of previous disciplinary or other action against the applicant, the Board may, in its discretion, issue a license to practice osteopathic medicine across state lines if it finds that the previous disciplinary or other action does not indicate that the osteopathic physician is a potential threat to the public.
- (3) Effect of License - The issuance by the Board of a special purpose license to practice osteopathic medicine across state lines subjects the licensee to the jurisdiction of the Board in all matters set forth in the Osteopathic Practice Act and implementing rules and regulations, including all matters related to discipline. The licensee agrees by acceptance of such license to do the following:
 - (a) Produce patient medical records and/or materials as requested by the Board and/or to appear before the Board upon receipt of notice commanding appearance issued by the Board. Failure of the licensee to appear and/or to produce records or materials as requested, after appropriate notice, shall constitute grounds to suspend or revoke the licensee's telemedicine license at the Board's discretion.
 - (b) Designate on the licensure application the name, address and telephone number of a physician residing in Tennessee upon whom service of process for any disciplinary action filed against the licensee can be legally made in the event that personal service upon the licensee has been shown to be unsuccessful. Service of process on that named individual, for acts or omissions that occurred during or as a result of the treatments provided or ordered by the licensee for patients physically located in Tennessee, is legally equivalent to personal service on the licensee.
- (4) Patient Medical Records - Any licensee licensed under the provision of this rule shall comply with all laws, rules, and regulations governing the maintenance of patient medical records, including patient

(Rule 1050-2-.17, continued)

confidentiality requirements, regardless of the state where the medical records of any patient within this State are maintained.

- (5) Any person who violates the provisions of this Act is subject to criminal prosecution for the unlicensed practice of osteopathic medicine pursuant to T.C.A. § 63-9-109, and/or injunctive or other action authorized in this State to prohibit or penalize continued practice without a license. Nothing in this rule shall be interpreted to limit or restrict the Board's authority to discipline any osteopathic physician licensed to practice in this State who violates the Osteopathic Practice Act while engaging in the practice of osteopathic medicine within this or any other State.
- (6) Exempted from the provisions of this rule are the following:
 - (a) An osteopathic physician who practice osteopathic medicine across state lines in an emergency; or
 - (b) Licensed / registered osteopathic physicians or surgeons of other states when called in consultation by a Tennessee licensed / registered osteopathic physician.
- (7) Not exempted from these rules is the practice of osteopathic medicine across state lines conducted within the parameters of a contractual relationship.
- (8) At the Board's discretion, submission of any document or set of documents required by this rule or submission of verification of the authenticity, validity and accuracy of the content of any document or set of documents required by this rule directly from the FCVS or other Board approved credentialing service to the Board Administrative Office shall be deemed to be submission of originals of those documents or sets of documents by the issuing institution(s).

Authority: T.C.A. §§4-5-202, 4-5-204, 63-9-101, and 63-9-104. **Administrative History:** Original rule filed April 10, 2000; effective June 24, 2000.

1050-2-.18 MEDICAL RECORDS.

- (1) Purposes - The purposes of these rules are:
 - (a) To recognize that medical records are an integral part of the practice of osteopathic medicine as defined in T.C.A. § 63-9-106.
 - (b) To give physicians, their professional and non-professional staff, and the public direction about the content, transfer, retention, and destruction of those records.
 - (c) To recognize that a distinction exists between a physician's medical records for a patient receiving services in the physician's office and those records created by the physician for that patient for purposes of services provided in a hospital as defined by T.C.A. § 68-11-302 (4) and that the distinction exists regardless of the fact that the physician may also be an employee of the hospital or of a medical group employed or owned by the hospital.
- (2) Conflicts - As to medical records, these rules should be read in conjunction with the provisions of T.C.A. §§ 63-2-101 and 102, and are not intended to conflict with those statutes in any way. Those statutes, along with these rules, govern the subjects that they cover in the absence of other controlling state or federal statutes or rules to the contrary.
- (3) Applicability - These rules regarding medical records shall apply only to those records, the information for which was obtained by physicians or their professionally licensed employees, or those over whom they exercise supervision, for purposes of services provided in any clinical setting other than those

(Rule 1050-2-.18, continued)

provided in a hospital as defined by T.C.A. § 68-11-302 (4), a hospital emergency room or hospital outpatient facility.

(4) Medical Records -

(a) Duty to Create and Maintain Medical Records – As a component of the standard of care and of minimal competency a physician must cause to be created and cause to be maintained a medical record for every patient for whom he or she, and/or any of his or her professionally licensed supervisees, performs services or provides professional consultation.

(b) Notice - Anywhere in these rules where notice is required to be given to patients of any physician that notice shall be required to be issued within thirty (30) days of the date of the event that triggers the notice requirement, and may be accomplished by public notice.

(c) Distinguished from Hospital Medical Records - The medical records covered by these rules are separate and distinct from those records generated for the patient by the physician during the course of providing medical services for the patient in a hospital as defined by T.C.A. § 68-11-302 (4) regardless of the fact that the physician may also be an employee of the hospital or of a medical group employed or owned by the hospital.

1. The provisions of T.C.A. Title 68, Part 11, Chapter 3 govern medical records generated in a hospital as defined by T.C.A. § 68-11-302 (4).

2. The medical records covered by these rules are those:

(i) That are created prior to the time of the patient's admission to or confinement and/or receipt of services in a hospital as defined by T.C.A. § 68-11-302 (4), hospital emergency room and/or hospital outpatient facility, and/or

(ii) That are created after the patient's discharge from a hospital as defined by T.C.A. § 68-11-302 (4), hospital emergency room or hospital outpatient facility.

(iii) That are created during the practice of medicine as defined by T.C.A. § 63-6-204 outside of a hospital as defined by T.C.A. § 68-11-302 (4), hospital emergency room or hospital outpatient facility.

3. Even though the records covered by these rules may, of necessity, reference provision of services in the hospital setting and the necessary initial work-up and/or follow-up to those services, that does not make them "hospital records" that are regulated by or obtainable pursuant to T.C.A. Title 68, Part 11, Chapter 3.

(d) Content - All medical records, or summaries thereof, produced in the course of the practice of medicine for all patients shall include all information and documentation listed in T.C.A. § 63-2-101 (c) (2) and such additional information that is necessary to insure that a subsequent reviewing or treating physician can both ascertain the basis for the diagnosis, treatment plan and outcomes, and provide continuity of care for the patient.

(e) Transfer -

1. Records of Physicians upon Death or Retirement - When a physician retires or dies while in practice, patients seen by the physician during the immediately preceding thirty-six (36) months shall be notified by the physician, or his/her authorized representative and urged to find a new physician and be informed that upon authorization, copies of the records will be sent to the new physician.

(Rule 1050-2-.18, continued)

2. Records of Physicians upon Departure from a Group - The responsibility for notifying patients of a physician who leaves a group practice whether by death, retirement or departure shall be governed by the physician's employment contract.
 - (i) Whomever is responsible for that notification must notify patients seen by the physician during the immediately preceding thirty-six (36) months of his/her departure.
 - (ii) Except where otherwise governed by provisions of the physician's contract, those patients shall also be notified of the physician's new address and offered the opportunity to have copies of their medical records forwarded to the departing physician at his or her new practice. Provided however, a group shall not withhold the medical records of any patient who has authorized their transfer to the departing physician or any other physician.
 - (iii) The choice of physicians in every case should be left to the patient, and the patient should be informed that upon authorization his/her records will be sent to the physician of the patient's choice.
3. Sale of a Medical Practice - A physician or the estate of a deceased physician may sell the elements that comprise his/her practice, one of which is its goodwill, i.e., the opportunity to take over the patients of the seller by purchasing the physician's medical records. Therefore, the transfer of records of patients is subject to the following:
 - (i) The physician (or the estate) must ensure that all medical records are transferred to another physician or entity that is held to the same standards of confidentiality as provided in these rules.
 - (ii) Patients seen by the physician during the immediately preceding thirty-six (36) months shall be notified that the physician (or the estate) is transferring the practice to another physician or entity who will retain custody of their records and that at their written request the copies of their records will be sent to another physician or entity of their choice.
4. Abandonment of Records - For purposes of this section of the rules death of a physician shall not be considered as abandonment.
 - (i) It shall be a prima facie violation of T.C.A. § 63-9-111 (b) (1) for a physician to abandon his practice without making provision for the security, or transfer, or otherwise establish a secure method of patient access to their records.
 - (ii) Upon notification that a physician in a practice has abandoned his practice and not made provision for the security, or transfer, or otherwise established a secure method of patient access to their records patients should take all reasonable steps to obtain their medical records by whatever lawful means available and should immediately seek the services of another physician.
- (f) Retention of Medical Records - Medical records shall be retained for a period of not less than ten (10) years from the physician's or his supervisees' last professional contact with the patient except for the following:
 1. Immunization records shall be retained indefinitely.

(Rule 1050-2-.18, continued)

2. Medical records for incompetent patients shall be retained indefinitely.
3. Mammography records shall be retained for at least twenty (20) years.
4. X-rays, radiographs and other imaging products shall be retained for at least four (4) years after which if there exist separate interpretive records thereof they may be destroyed.
5. Medical records of minors shall be retained for a period of not less than one (1) year after the minor reaches the age of majority or ten (10) years from the date of the physician's or his supervisees' last professional contact with the patient, whichever is longer.
6. Notwithstanding the foregoing, no medical record involving services which are currently under dispute shall be destroyed until the dispute is resolved.

(g) Destruction of Medical Records -

1. No medical record shall be singled out for destruction other than in accordance with established office operating procedures.
2. Records shall be destroyed only in the ordinary course of business according to established office operating procedures that are consistent with these rules.
3. Records may be destroyed by burning, shredding, or other effective methods in keeping with the confidential nature of the records.
4. When records are destroyed, the time, date and circumstances of the destruction shall be recorded and maintained for future reference. The record of destruction need not list the individual patient medical records that were destroyed but shall be sufficient to identify which group of destroyed records contained a particular patient's medical records.

- (5) Violations - Violation of any provision of these rules is grounds for disciplinary action pursuant to T.C.A. §§ 63-9-111 (b) (1), and/or (2).

Authority: T.C.A. §§4-5-202, 4-5-204, 63-2-101, 63-2-102, 63-9-101, 63-9-106, and 63-9-111. **Administrative History:** Original rule filed July 27, 2000; effective October 10, 2000. Repeal and new rule filed April 29, 2003; effective July 13, 2003.